Fill	in this information to	o identify your ca	ase:								
Deb	otor 1			_							
l	otor 2 use, if filing)					_					
Uni	ted States Bankrupt	cy Court for the:	MIDDLE DISTRICT O	F PENNSYLVANIA		_					
Cas	se number				Check if this	is:					
(If kn	nown)						☐ An amer	ded filing			
	· · · · -	4001							wing postpetition e following date:		
<u>O</u> :	fficial Form	<u> 1061</u>					MM / DD	/ YYYY			
S	chedule I: \	Your Inco	ome							12/15	
atta	t 1: Describe	et to this form. (Employment	r spouse is not filing wi On the top of any addition	onal pages, write y			case number (if known). Answer every		
	information.			Debtor 1			_	Debtor 2 or non-filing spouse			
	If you have more t attach a separate	ate page with	Employment status	■ Employed				☐ Employed			
	information about employers.			☐ Not employed			□ No	☐ Not employed			
			Occupation	security officer	<u> </u>						
	Include part-time, seasonal, or self-employed work.		Employer's name	MedStar Health	1						
	Occupation may ir or homemaker, if i		Employer's address	yer's address 8094 Sandpiper Circle, S Baltimore, MD 21236			uite O				
			How long employed the	here? _13 yea	rs						
Par	t 2: Give Det	ails About Mon	thly Income								
	•	me as of the da	ate you file this form. If y	you have nothing to	report for a	any lin	e, write \$0 in t	he space.	Include your no	n-filing	
	u or your non-filing s e space, attach a se		re than one employer, co this form.	ombine the information	on for all e	mploy	ers for that pe	son on th	e lines below. If	you need	
						F	For Debtor 1		Debtor 2 or -filing spouse		
2.			ry, and commissions (be calculate what the monthl		2.	\$_	4,936.6	3 \$	N/A		
3.	3. Estimate and list monthly overtime pay.				3.	+\$_	0.0	<u>+</u> \$	N/A		
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$_	4,936.63	\$	N/A		

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				For Debtor 1		For Debto non-filing		
	Сору	line 4 here	4.	\$	4,936.63	\$	N/A	
5.	l ist a	all payroll deductions:						
-	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,156.05	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	185.81	\$	N/A	
	5e.	Insurance	5e.	\$	708.91	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,050.77	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,885.86	\$	N/A	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A_	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.	\$ *	0.00	\$	N/A N/A	
	8e.	Social Security	8e.	\$_	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	1,082.63	\$	N/A	
	8h.	Other monthly income. Specify: 2021 tax refund	_ 8h.+	\$	89.50	+ \$	N/A	
		family contribution/rent	_	\$	2,075.00	\$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,247.13	\$	N/A	
10.		Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			6,132.99 + \$	N/A	\$ 6,132	2.99
11.	 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedus Specify: 							
12.	Add to Write applie	ncome. a, if it 12.	\$6,132	2.99				
13.	Do yo	ou expect an increase or decrease within the year after you file this form	?				Combined monthly incom	me
	_	No. Yes Evolain:						

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